

**BOARD OF REGISTERED NURSING**

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Ruth Ann Terry, MPH, RN

Executive Officer

**CHANGE OF ADDRESS OR NAME SUBMITTAL FORM**

PRINT OR TYPE

LAST NAME:		FIRST NAME:		MIDDLE NAME:
ADDRESS: Number and Street				
City	State	Country	Postal/Zip Code	SOCIAL SECURITY NUMBER: (Last 4 digits only)
RN LICENSE NUMBER OR LICENSE APPLICATION NUMBER:		DATE OF BIRTH: (Month/Day/Year)		EFFECTIVE DATE OF CHANGE:

COMPLETE FOR CHANGE OF ADDRESS

PREVIOUS ADDRESS:				
_____ Number and Street				
_____ City	_____ State	_____ Country	_____ Postal/Zip Code	
NEW ADDRESS:				
_____ Number and Street				
_____ City	_____ State	_____ Country	_____ Postal/Zip Code	

COMPLETE FOR CHANGE OF NAME

PREVIOUS NAME: _____
NEW NAME: _____
<p>YOU <u>MUST</u> SUBMIT A COPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES. Examples of acceptable forms of legal documentation are birth certificate, marriage certificate, divorce decree and/or court documents. A copy of a driver's license, social security card or passport is <u>not</u> acceptable.</p>

I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct and complete.

SIGNATURE**DATE**